

Medical Assurance Society Retirement Savings Plan Application to transfer to a KiwiSaver scheme



Email the completed form to:
masinvest@linkmarketservices.com
or post to: MAS Superannuation
FREEPOST 884
PO Box 91976
Victoria Street West, Auckland 1142
Phone: **0800 627 738**

i Important information - UK pension transfers

If your account includes money transferred from a UK pension this amount cannot be transferred to a KiwiSaver scheme. There may also be significant adverse UK tax consequences of making a transfer. You should seek specialist advice.

Personal details

Full name	Title	First name(s)	Surname
Member number			Date of birth dd-mm-yyyy
Postal address			
	City	Postcode	
Phone number	Home	Work	Mobile
Email			IRD number
	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%

Please refer to ird.govt.nz/toii/pir for more information on how to determine your PIR.

Details of the KiwiSaver scheme you wish to transfer to

Name of scheme	
Account/reference number	

Transfer instructions

- I wish to transfer my full available balance and close my account.
- I wish to transfer my full available balance and leave my account open. I understand that I must leave a minimum of \$5,000 in my account unless I continue to contribute.

Authority for Trustees and MAS to act on your behalf

I, the undersigned, wish to apply for my account balance to be transferred from the Medical Assurance Society Retirement Savings Plan (RSP), to my nominated KiwiSaver scheme.

I acknowledge that my application may be approved at the Trustees' discretion.

If my application is approved, I hereby authorise the Trustees of RSP and their agents, including Medical Assurance Society New Zealand Limited and Link Market Services Limited to act as my agent for the purposes of actioning this transfer. Please provide them with all the information they require to carry out this instruction.

Signature of Member Date